

Reno Police Department  
**Personal History Statement**  
Privileged Business License

INSTRUCTIONS to APPLICANT

**Complete this process *after* submitting your business license application  
to the City of Reno Business License Division.**

**Your background investigation begins when you bring this completed Personal History Statement (PHS), with the last two (2) pages notarized, to the Reno Police Department's Work Applicant Unit where you will be fingerprinted and photographed (a cash fee will be charged). Fingerprint cards are submitted to the Nevada Criminal Justice Information Services Repository and to the Federal Bureau of Investigation. This information will take several weeks to be returned to us. Therefore, complete this step as soon as possible after submitting your business license application to the Business License Division.**

The information you provide in this Personal History Statement (PHS) will be used by the Reno Police Department Background Investigators to determine your suitability for obtaining a City of Reno Privileged Business License. The Chief of Police may recommend approval or denial of your application to the Business License Division based on your cooperation and the information provided.

Each applicant (person to be licensed) and each person with a 10% or more interest in the business must complete a PHS (RMC Title 5). The information provided is confidential and any statement is subject to verification.

Respond to answers openly and as accurately as possible. Deliberate inaccuracies, false or incomplete statements can be reasons to deny your application. Any negative factor in your background will be evaluated in terms of the surrounding circumstances and the relevance to your business license.

If extra space is needed, write your answers, along with the question number on a blank sheet of paper and attach it to the PHS.

For applicants applying by mail:

Applicants who live outside the greater Reno area, who are returning documents given or mailed to them by the Business License Division (such as 2 required fingerprint cards, PHS packet(s), business license application, applicable fees, etc.) may return them by mail to:

City of Reno  
Business License Division  
PO Box 1900  
Reno, NV 89505

**\*\*\*Questions regarding the PHS or Background process, call 775-334-2180\*\*\***

**TYPE or PRINT** in ink. Do not have another person complete the responses for you. If a question does not apply, write "N/A" in the answer space.

1.	BUSINESS NAME & ADDRESS				
2.	POSITION WITH BUSINESS				
3.	YOUR NAME (LAST, FIRST, MIDDLE)				
4.	OTHER NAMES (SUCH AS, MAIDEN, MARRIED, NICKNAMES, ETC)				
5.	RESIDENCE ADDRESS				
6.	MAILING ADDRESS				
7.	TELEPHONE NUMBERS	HOME	WORK	PAGER OR MESSAGE	CELLULAR
8.	BIRTHDATE				
9.	PLACE of BIRTH (CITY & STATE)				
10.	SOCIAL SECURITY NUMBER				
11.	MARKS, SCARS, TATTOOS				

12.	DRIVER'S LICENSE INFORMATION- List all licenses issued.			
	NUMBER or NAME USED	EXPIRE DATE	STATE	
	Have you every had a driver's license suspended, revoked or been placed on negligent operator's probation or restriction?      ____ yes ____ no    If yes, list state & explain why.			

13.	RESIDENCES FOR THE LAST 10 YEARS-List current first. If rental, include landlord's name address & phone		
	ADDRESS	DATES/FROM	TO REASON for MOVING

14.	<b>PERSONAL REFERENCES-</b> List 3 persons who we may contact that have knowledge of your previous businesses or business practices.			
	NAME	ADDRESS	PHONE	RELATIONSHIP

15.	<b>EMPLOYMENT HISTORY/BUSINESS OWNERSHIP-</b> Begin with a current employment/business ownership. List jobs and businesses (those in which you had an interest in) for the past 10 years. Include part-time, temporary, voluntary work. List period of unemployment in sequence.			
	BUSINESS NAME	ADDRESS	PHONE	FROM TO
	SUPERVISOR'S NAME	TITLE or DUTIES	REASON for LEAVING	
	1.			
	2.			
	3.			
	4.			
	5.			

16.	<b>FINANCIAL INFORMATION-</b> Your financial obligations, payment history & credit report will be reviewed. The amount of indebtedness, in itself, will not be used in evaluating your qualifications for licensing.		
A.	<b>INCOME</b>		
	MONTHLY SALARY		SOURCE
	SPOUSE'S SALARY		SOURCE
	OTHER MONTHLY INCOME		SOURCE
	COMBINED INCOME		

B.			
	SAVINGS	\$	BANK ACCT# NAME on ACCOUNT
	SAVINGS	\$	BANK ACCT# NAME on ACCOUNT
	CHECKING	\$	BANK ACCT# NAME on ACCOUNT
	CHECKING	\$	BANK ACCT# NAME on ACCOUNT

C.	EXPENDITURES	AMOUNT	CURRENT BALANCE
	MORTGAGE/ RENT		
	VEHICLES		
	CREDIT ACCOUNTS		
	OTHER		
	COST OF LIVING- INCLUDE UTILITIES, FOOD, GASOLINE, ETC		
	TOTAL MONTHLY EXPENDITURES		
	TOTAL COMBINED LIABILITIES		

D.	REAL ESTATE HOLDINGS
	ADDRESS
	ADDRESS
	ADDRESS

E.	Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? <input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, explain when, where & why:

F.	Have any of your bills been turned over to a collection agency and/ or have you had goods repossessed within the last 7 <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> yes <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> no If yes, explain when, what agency, circumstances years?
G.	Have your wages been garnished within the last 7 years? <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> yes <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> no If yes, explain details
H.	Have you ever been delinquent on child support, income tax or other tax payments? <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> yes <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> no If yes, explain what, where, & why:

17.	<b>VEHICLE INFORMATION</b>				
	LICENSE	STATE	YEAR	MAKE	MODEL
	Nevada Revised Statute 485.185 requires operators/owners of vehicles to be covered by liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. List the insurance coverage on your personal vehicles and any which you intend to use for business.				
	COMPANY	ADDRESS	POLICY #	EXPIRE DATE	
	List any traffic citations you have received in the past 7 years. Exclude parking citations				
	VIOLATION	CITY	DATE	DISPOSITION	

18.	Have you ever been arrested, taken into physical custody, issued a misdemeanor citation or convicted of any crime? Exclude traffic violations. <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> yes <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> no				
	APPROXIMATE DATE	POLICE AGENCY	CIRCUMSTANCES		

  

19.	Have you ever been placed on adult court probation? <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> yes <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> no				
	If yes, explain when, where, & why:				

  

20.	Have you ever been involved as a defendant or plaintiff in any civil court action? <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> yes <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> no				
	If yes, explain when, where & why:				

  

21.	Have you ever served in the Armed Forces, National Guard, or Military Reserves? <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> yes <div style="display: inline-block; width: 40px; height: 25px; border: 1px solid black; margin: 0 5px;"></div> no				
	BRANCH	SERVICE #	DATE/FROM	TO	TYPE of DISCHARGE

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a City of Reno Business License, I hereby authorize the release of information concerning me, including that of a confidential or privileged nature, from my previous employers, physicians and professionals who may have examined or treated me, friends and acquaintances, credit reporting services, public agencies and all others who may be called upon by Reno Police Department personnel. I understand the information provided will be used only for the investigation of my suitability for a privileged business license and that the information is deemed confidential and will not be released to any other person(s), including myself.

I hereby release you, your organization, or others from liability or damage which results from furnishing the requested information. I further authorize that photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

This Authorization to Release Information is valid for any information supplied within one (1) year of my signature.

Name of Applicant (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

This Instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_  
(name of person)

CERTIFICATION and PENALTY

I HEREBY DECLARE, that any and all statements and information provided to the Reno Police Department in this Personal History Statement for my background investigation are true and complete to the best of my knowledge and belief. I understand any misstatement or omission of material fact or willful deception will be cause for disqualification and rejection of my City of Reno privileged business license application and could also be grounds for suspension or revocation of my privileged business license after issuance.

Name of Applicant (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

This Instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_  
(name of person)